

AMENDMENT TO AGREEMENT FOR SPECIAL SERVICES

Amount of Increase or (Decrease):	_____ \$ _____	DHHS Agreement No.:	_____
Revised Total Award:	_____ \$ _____	Termination Date:	_____
Appropriation No.:	_____		
Encumbrance No.:	_____		

The Agreement made _____ by and between the State of Maine, Department of Health and Human Services, hereinafter called "Department," and _____, hereinafter called "Contractor" is hereby amended as follows:

1. The Termination Date of the Agreement shall be extended from _____, 20 _____, to _____, 20____.
2. The services to be provided by the Contractor specified in Rider A of the Agreement shall be amended by _____.
3. The dollar amount in Rider B, Paragraph 1 of the Agreement shall be changed from \$_____ to \$_____.

All other terms and conditions of the original agreement shall remain in effect. The Department and Contractor, by their duly authorized representatives, have executed this amendment to the said original agreement on this _____ day of _____, _____.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

By: _____
Geoffrey W. Green
Deputy Commissioner, Operations and Support

CONTRACTOR: _____
(Agency Name)

By: _____
(Signature)

(Typed Name and Title)

CONTRACT REVIEW COMMITTEE

APPROVED:

Date:

By: _____ Chairman